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Addressing Special Housing Needs in First Nation Communities

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CANADA MORTGAGE AND HOUSING CORPORATION

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Final Report

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PURPOSE

The purpose of this project is twofold: to examine the nature and extent of the housing needs of disabled and elderly (with special housing needs) First Nations people living on-reserve in Atlantic Canada; and to provide an indication of how well these needs are being met. In this way, this research begins a dialogue among various stakeholders to respond to and manage these special housing needs.

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Finally, we thank the people from Big Cove, Eel Ground, Indian Island, Afton, Shubenacadie, and Wagmatcook and other First Nations communities in Atlantic Canada for contributing to our understanding of the issues they face.

This research is intended to determine what demands are placed on housing construction and renovation programs by the needs of disabled people on-reserve in Atlantic Canada. As well, this research attempted to determine how well these needs are being met. This work was intended to start the dialogue among stakeholders to respond to the needs of this population. A literature review, two sets of interviews, and a focus group session were used to achieve the project objectives. This study analysed perceptions of stakeholders and was not a quantitative analysis of housing needs. Jurisdictional issues, reliability of data sources, and community-specific definitions were acknowledged at the outset of the project.

The current housing situation was assessed through the literature review. This review showed that approximately 50% of the current on-reserve housing stock is substandard and many are living in overcrowded conditions.

On-reserve housing and renovation programs were assessed on their abilities to accommodate the needs of the disabled and elderly with special needs. Currently, First Nations communities have mechanisms such as "Section 95" housing mortgage subsidy, a "Section 10" bank loan, and the Residential Rehabilitation Assistance Program to assist in absorbing the additional costs. However, these resources were generally perceived to be less than adequate to help all who require special housing or renovations.

Support programs and services were also assessed. In general, it was found that few were available on-reserve to accommodate the needs of the disabled and elderly population.

Four trends were discussed:

- the increase in special needs of the elderly and disabled needs;
- government services restructuring;
- the new housing policy; and
- the federal approach to disabled people.

The interviews and focus group unveiled a number of findings:

- Housing demand is greater than the supply of housing on-reserve.
- Approximately 10% of on-reserve people are disabled.
- There are a significant number of on-reserve people whose housing needs are not being met.
- A variety of support services are provided by Bands, but more are required to meet the needs.
- Disabled and/or elderly and service representatives on-reserve have trouble identifying and accessing services that can help meet housing and support needs.
- Needs are generally not being met due to lack of funds and resources.
- Disabled people are seen as a priority for housing assistance on-reserve.

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Introduction

The purpose of this research project is to examine the nature and extent of the housing needs of disabled and elderly people on-reserve in Atlantic Canada, and to provide an indication of how well these needs are being met.

The general focus of this project is on Aboriginal housing needs. More specifically, we seek to understand what demands are placed on housing construction and renovation programs by the needs of disabled people on reserves in Atlantic Canada. How well are existing programs meeting those demands? It is recognized that, in addition to these issues, housing for a disabled person is more than a shelter issue; it is also an issue of quality of life and independence. Factors such as health, mobility, employability, income, and education affect the independence and therefore, the housing needs of disabled people.

This report assesses existing support programs that allow for independence within homes for a longer period of time. These programs aim to reduce required structural changes and thus capital investments. The programs are reviewed to gauge more accurately the nature and extent of the adequacy of housing of disabled people on reserves.

An additional consideration is that as levels of fragility increase with age, so will special housing needs. A population with a large number of aging adults may encounter special housing needs in the near future, even though the present population is not technically classified as disabled. The desire to achieve continued independence of the elderly could be a significant contributor to a community's potential housing needs. Accordingly, this report also considers support programs and services available for the elderly on-reserve population.

Objectives

Five research objectives guided this examination of housing needs of disabled and elderly First Nations people:

1. To determine if disabled and elderly First Nations people in Atlantic Canada have housing needs that are not being fulfilled.

2. If housing needs do exist, to determine the degree of that need for disabled and elderly people on-reserve in Atlantic Canada.

3. To inventory the approaches of direct and indirect construction assistance, renovation assistance, and related support programs and services currently being utilized to address those housing needs.

4. To analyse any identified housing needs of disabled and elderly First Nations people in Atlantic Canada against the approaches currently available and being used, and to provide practical alternatives and options for any gaps that might become apparent.

5. To encourage Aboriginal involvement in the research project by establishing an Aboriginal Regional Steering Committee (hereafter, Steering Committee) and seeking ongoing Aboriginal involvement.

Partners

There were three main partners in this project:

- Rural and Small Town Programme (RSTP);
- the Steering Committee; and
- Canada Mortgage and Housing Corporation (CMHC).

Research, technical, and organizational duties were contracted to RSTP of Mount Allison University. RSTP conducted much of the analytical work and retained Dana Francis and Associates of Tobique First Nation to provide insight into practical issues on reserves and to complete interviews on-reserve.

In order to access on-reserve experience and obtain Aboriginal involvement throughout the process, a Steering Committee of First Nation people was established. This committee consisted of four members of the Housing Committee of the Atlantic Policy Congress of First Nation Chiefs (APC) and the Executive Director of APC. The Steering Committee worked with representatives from CMHC and the Department of Indian Affairs and Northern Development (DIAND) who offered advisory assistance.

This project was funded by CMHC in support of the **National Strategy for the Integration of Persons with Disabilities**.

Methodology

An eight step approach to information gathering and analysis was devised:

Step One: Establish a Steering Committee to serve as advisors throughout the process.

Step Two: Design the research methodology and interview tools.

Step Three: Interview to determine need and seek input into possible approaches to address the need.

Step Four: Identify any gaps between need and current approaches.

Step Five: Conduct a literature review of issues and approaches.

Step Six: Generate practical responses, approaches, and best practices to fill any gaps.

Step Seven: Inform and transfer knowledge of practical responses/approaches to First Nations.

Step Eight: Prepare a summary of the project for CMHC.

The Steering Committee was established early in the project. A questionnaire was designed for telephone interviews with 31 First Nation housing representatives throughout Atlantic Canada (see Appendix B). These interviews were designed to:

- broaden the base of expert input;
- increase awareness of the study among those who may implement its recommendations; and
- confirm the need, content, and approach of a second set of interviews.

The second questionnaire was designed for on-reserve, face-to-face interviews with disabled people, older residents, and service professionals identified by the Steering Committee (see Appendix B). Not all affected people in all communities could be interviewed. Accordingly, six First Nation communities that represented a range of populations and housing budgets, were chosen by the Steering Committee for interviews. The objectives of the interviews were to:

- better determine housing needs of disabled and elderly people;
- document approaches being utilized to meet the demand; and

- maintain direct Aboriginal involvement throughout the project.

An ongoing portion of this project was a literature review of published and unpublished sources addressing disabled and elderly housing needs and other related issues for both Aboriginal and non-Aboriginal peoples. In addition to the literature review, numerous telephone interviews were used to clarify and interpret information.

A one day workshop was held on January 28, 1997 (see Appendix C). This forum considered some preliminary results, identified gaps in services, and generated some practical responses and approaches. Elements of a strategy to communicate the information to First Nations was also recommended.

Background

In 1993 the House of Commons Standing Committee on Human Rights and the Status of Disabled Persons released **Completing the Circle**, the findings of its consultations on Aboriginal disabilities in Canada. The general conclusion of the report was that Aboriginals with disabilities are ill-served by the current mix of programs and services offered at a variety of government and non-government levels, and that financial support to these individuals is inadequate. Specific findings included:

- Aboriginal people have the highest incidence of disability in Canada.
- Recent initiatives (in the early 1990s) of DIAND and Health and Welfare (now Health Canada) focussed too much on information gathering and coordinating of activities, and not enough on specific remedial action.
- There was a distinct lack of consultation with and involvement of the Aboriginal people in the planning stages that established initial designs of programs and services.
- Areas of responsibility for Aboriginal people are scattered among different departments and there is no concentrated focus on addressing disabilities. Strategies and solutions are ad hoc in their nature and lack connections to activities in other departments.
- The lack of focus and direction in this regard has meant that services are provided unevenly and inconsistently in Aboriginal communities across the country.
- As programs are transferred to the band level for delivery there is a need for cooperation and support locally and across supporting departments.

What we surmise from these points is that Aboriginal communities take action to plan for the needs of disabled people in their communities, while at the same time government departments need to work more closely together to ensure appropriate resources are applied to the situation.

A Study of Home Adaptations Carried out Under the RRAP-D and HASI Programs released in 1994 suggested that more than just home adaptations are important to people with disabilities - they also require support services such as homemakers, home and yard maintenance, special transportation, and much more. The study also concluded that without the adaptations carried out under the programs, many people would have been forced to seek alternative housing or become needlessly institutionalized. The evidence from this study suggests that money spent on home adaptations, coupled with the supply of appropriate services, is money well spent and ensures that people maintain some degree of independence.

Given the context of these two reports, this report develops a greater understanding of how Aboriginal communities in Atlantic Canada are responding to the needs of their disabled residents, and what further actions and solutions are required.

Three fundamental issues arose early and consistently throughout this project – definitions of disabled, jurisdictional interpretations, and data quality. The means by which these issues were addressed are fundamental to attaining the objectives and is described in this section.

Definitions

There are diverse interpretations of key terms such as disabled, elderly, or needs. For the purpose of this report, the Steering Committee

defined the **disabled and/or the elderly population** of concern as:

> **Any individual who, due to one or more physical limitations, has difficulty carrying out the activities of daily living in the manner or within the range considered normal.**

Housing needs, for the purpose of this report, are defined as:

> **Those structural needs required by disabled and/or elderly people so that they can achieve an adequate level of independence in their home environment. These structural needs can be fulfilled by either new unit construction or structural modifications to existing units.**

The age at which a resident is classified as elderly varies by First Nation community and can differ by twenty years. No specific age was adopted for this project as it was felt that functional independence was the key regardless of age. With respect to the elderly, the number who have special housing needs (usually due to a disability) and their type of need, as opposed to housing needs of the total First Nations' elderly population, was of interest in this project.

The definition of disabled adopted for this project is not typical of that used in most literature on disabled people. However, this definition is reflective of the perceptions and understanding of stakeholders interviewed during this project.

Jurisdiction and Responsibility

The process of accessing housing assistance for disabled and/or elderly people on-reserve is complex. They are faced with all the similar income, support program, and shelter issues as off-reserve disabled people, but face further complicating factors stemming from constitutional issues. Uncertainty about responsibilities was brought to the fore on many occasions by public employees, academics, program managers, disabled individuals, advocates, and volunteers alike.

Under Section 91(24) of the Canadian Constitution, the federal government has jurisdiction over "Indians and lands reserved for Indians." Jurisdiction, however, does not obligate action. The federal government has elected to exercise much of its jurisdiction through the **Indian Act** and associated programs stemming from it including lands, estates, bylaws, and education. These and other programs are administered by the Department of Indian Affairs and Northern Development (DIAND). The federal government also provides many services to First Nations through discretionary programs. Thus some on-reserve services such as social assistance, health, economic and business development, and housing are not based on a specific legal obligation. These and other discretionary programs are administered by a variety of federal agencies including DIAND, Health Canada, Industry Canada, and CMHC.

Adding to the complexity, constitutional law (supported by Section 88 of the **Indian Act**) makes provincial laws of general application apply to people on reserves. In the absence of federal programs, provinces would be responsible to extend provincial services to First Nation communities.

Treaties and aboriginal rights further cloud the situation as some cite them as sources of legal obligations for certain services. Historically, Maritime treaties have only been considered as

"Peace and Friendship" treaties. Recent court decisions have confirmed that pre-confederation treaties do contain constitutionally protected treaty rights, such as to fish and to hunt. However, at the present time, no treaty based right to housing, health, or social services has been indicated by the courts.

Not surprisingly for those associated with First Nation matters, jurisdiction remained a source of contention throughout the project. The clarification provided in this section follows our best understanding of the law. However, many people we contacted were not aware of our interpretation, did not understand it, or refused to accept it as a basis for their involvement in the project.

Divergent View on Existing Data and Data Quality

One of the immediate findings was that there are firmly held, and sometimes wide-ranging opinions about the extent of the housing needs of disabled, yet there are few reliable sources of data. It was necessary to verify some basic facts about both the national scope of disabled and elderly housing needs and data specific to on-reserve disabled housing needs.

The literature review and interviews produced a range of data and information about the extent of disabilities and opinions. The most significant information is described below.

The disabled population in Canada is substantial and rising. Statistics Canada data shows 4.2 million Canadians or 16% of the population, had some kind of disability in 1991. This is an increase from 1986 when 13% of the population reported being disabled.[1]

Canadian housing needs remains an issue in terms of the amount of adequate and affordable housing. According to the Canadian Housing and Renewal Association (CHRA), in 1996 the nation's core housing needs (measured in terms of availability and affordability) were felt by 1.5 million people.[2]

Seniors' housing needs will rise. Data from Statistics Canada suggests that 12.2% of Canadians are aged 65 and over.[3] It also indicates that 14% of all Canadian households with seniors presently have core housing needs. It is estimated that by 2031, seniors will exceed 20% of the population and account for more than 8 million people.[4] As disabilities and their severity increase with age, this implies that, without other actions, the nation's core housing needs for seniors will increase.

The on-reserve disabled population is not well documented. Due to poor response to the 1991 census from on-reserve residents, a post-census survey entitled the **Aboriginal Peoples Survey** (APS) was conducted. This survey collected data from both Status and non-Status Indians, both on- and off-reserve, throughout Canada, in an attempt to create a more representative sample of the national Aboriginal population.

While the data are not statistically relevant to people on-reserve, subsequent extrapolations and estimates from the APS are commonly cited. A key APS result includes an estimate of 31% of Aboriginal adults having some level of disability, a rate nearly twice as high as the national average of 16%.[5] The significant difference and the wide-ranging opinion about its accuracy led to the rejection of both the APS and the 1991 census as a basis for the on-reserve disabled population for the purpose of this project.

Another potential source of data for on-reserve disabled figures is the **Health Canada Register of Chronic Diseases**. This inventory is gathered for medical purposes and shows the number of people on-reserve that have a chronic disease. The inventory has been used as an unofficial reference since those most familiar with the individual cases may be able to "guesstimate" levels of housing needs. Nevertheless, because it does not comprehensively show all disabled people or their housing needs, the register was not considered an adequate source of data for this project. In 1995 about 2,000 people (8% of Status Indians off or on-reserve) had chronic health care needs, and approximately 20% of those people had unmet housing needs associated with their chronic disability.[6]

On-reserve population data in general is much more sound. Analysis of the Indian Registry shows several key numbers:

- The 1996 on-reserve population was 354,000, and this is expected to grow to 410,800 by the year 2015.
- In 1990, approximately 21,000 Status Indians were 65 years of age or older.
- By the year 2015, that number is projected to nearly triple to approximately 58,000, or 14.1% of the projected Indian population.[7]
- As of December 31, 1995, there were 23,225 registered Indians in Atlantic Canada of which 15,315 lived on-reserve.
- Between 1992 and 1995 the total Atlantic Canada population grew by an annual average of 1.15% while the on-reserve population averaged 3.6% population growth per year.[8]

On-reserve housing characteristics are very well documented. On a national scale, DIAND estimates that:

- 85,000 First Nation families occupy 76,000 on-reserve housing units, leaving some 9,000 to 18,000 families in overcrowded conditions.
- Of the 76,000 houses on-reserve, 48% are considered in need of repair and 7% need to be replaced.[9]
- Under present trends, this gap will increase so that by 2015 there will be over 25,000 more substandard units.[10]

In Atlantic Canada, on-reserve housing is not as well documented. Estimates suggest that in 1996, there were 3,991 units on reserves, of which 1,150 units (41%) needed renovations or repairs, and 126 units (3%) needed to be replaced.[11] These units house the 15,315 people living on the 31 First Nation communities across the region.

In summary, all participants concluded early in the project that there are no reliable data sources on the disabled population on-reserve in Atlantic Canada, nor on special housing needs. Accordingly, there was a need to assess these basic factors more accurately during the project.

The Current Situation

The challenge facing First Nation communities in Atlantic Canada is to meet the present and growing housing needs of disabled and elderly people in a very complex and rapidly changing financial and administrative context. This section outlines some of the key components of the existing programs for housing construction and renovations, and key support programs available and/or used on-reserve in Atlantic Canada.

On-Reserve Housing

On-reserve housing mechanisms presently available for First Nation communities in Atlantic Canada are undergoing many changes. Currently, there are four basic housing construction assistance programs:

- DIAND capital subsidy assistance;
- mortgage interest subsidy through "Section 95" assistance from CMHC;
- a "Section 10" CMHC insured bank loan; and
- private financing.

The first two methods are usually combined together and account for the vast majority of on-reserve units. Indeed the two methods have become so linked that the combination is commonly referred to as "Section 95 Housing". The remainder of this chapter deals with the first two programs as if they were one, and briefly describes Section 10 and private financing mechanisms.

Section 95

The process of using the Section 95 method is complex. It is summarized here and illustrated in Tables 1 and 2. Section 95 financing can only be accessed by First Nation Band Councils. The process combines CMHC's interest rate write down to 2% (in effect, an interest rate subsidy) under Section 95 of the National Housing Act (NHA) with three of DIAND's programs – a housing capital subsidy, monthly social assistance shelter payments, and a long term loan guarantee.

Until December 1996, CMHC provided interest assistance by subsidizing the difference between the full project cost (approved capital costs) utilizing the actual loan interest rate and at a 2% rate. At mortgage renewal, subsidy is recalculated utilizing the actual loan interest rate achieved. The remaining elements of Section 95 housing are:

- **Equity.** First Nations typically use DIAND housing capital subsidies at $20,000 per unit. But any source of capital could be used for equity, which is used to obtain a mortgage from a private lender for the balance of the housing construction cost.

- **Rent.** DIAND makes social assistance shelter allowance payments for on-reserve residents in financial need. This money is used by First Nations as "rent" to pay the principal, the 2% interest costs, and other costs.

- **Guarantee.** DIAND provides a ministerial loan guarantee to lenders for Section 95 projects.

Table 1: First Nations' Financial Commitments for Construction of a Section 95 Housing Unit - Illustration Only	
Total Capital Cost of Housing Unit	$90,000
Equity (DIAND Capital Assistance or other source of equity)	$20,000
Mortgaged Amount*	$70,000
Actual loan payments per annum	$5,627
Section 95 subsidy per annum	**$2,888**
Source: Adapted from discussion with Steven Wells, DIAND, 1996, and Jim Rockwood, CMHC, 1997	

* Borrowed by First Nations from lender, amortized over 25 years at 6.50%

Table 2: First Nations' Annual Costs and Revenue for a Section 95 Housing Unit- Illustration Only			
Costs		**Revenues**	
Net Loan payment (Principal and Interest less subsidy)	$2,739	Social Assistance Shelter Allowance Payments from DIAND	$5,400
Repairs and Maintenance	$800		
Administration	$600		
Replacement	$600		
Fire Insurance	$300		
Contingency	$361		
Annual Costs	$5,400	**Revenue Available**	$5,400
Source: Adapted from discussion with Steven Wells, DIAND, 1996, and Jim Rockwood, CMHC, 1997.			

Tables 1 and 2 illustrate elements of the Section 95 procedure. Table 1 shows the typical distribution of funding sources for the full project cost of a $90,000 dwelling unit. Here $20,000 equity from the DIAND capital assistance program is used to leverage $70,000, borrowed from a bank with a loan guarantee from CMHC and a ministerial guarantee from DIAND. The interest write down to 2% means the total interest to be paid by the First Nations is $24,440. Combined with the principal, the total repayment is $94,440.

Table 2 displays the annual revenues and costs for the same unit. The annual principal and interest charges of $2,700 are covered using DIAND shelter payments to the Band (at $450 per month), generating $5,400 of revenue annually. The surplus in revenues over the loan repayment is applied against repairs, replacement, insurance, and management of the unit.

Section 10 Housing

Section 10 is the third most common method of construction of new houses. First Nations can apply for loans from approved lenders under Section 10 of the NHA to assist in the purchase, construction or improvement of a housing project on-reserve.

This method has some similarities to Section 95 housing – the loan is subject to CMHC mortgage insurance and a ministerial guarantee from DIAND. As well, DIAND capital can be used on the project. However, CMHC does not provide interest assistance, and DIAND no longer approves increased shelter allowances under social assistance to help meet rental/loan costs. In order to repay a Section 10 loan the monthly payments must be low enough that regular welfare rental rates suffice, or the occupant must be in a financial position to make higher rental/loan payments.

Private Financing

The final approach to providing housing units on-reserve is for private business people or entrepreneurs to build units and rent/sell them at market prices through their own private financing. This is not particularly common on most reserves; however, larger reserves like Eskasoni and Big Cove do have some units built this way.

Developing entrepreneur-built units is the most straightforward housing construction method on-reserve. Any entrepreneur with sufficient funds to cover all costs of construction could conceivably build units on reserves. However, this practice is not widespread for several reasons including: the unique legal status of reserve land; the inability of non-natives to obtain ownership of parcels and the subsequent uncertain lending and rental environments; and the lack of First Nations controlled private funds to become housing entrepreneurs.

An additional problem is the level of rents or sale price. As entrepreneurs are unsubsidized and must either rent or sell their units at a level that returns a profit, the fact that most reserve markets are dominated by low income residents makes such ventures unlikely to succeed, or have minimal impact in adding to the overall supply of on-reserve housing.

Existing Mechanisms and Disabled/Elderly Needs

The existing on-reserve housing system provides for some flexibility to accommodate the construction of new units that meet the needs of the disabled or the elderly. However, choices need to be made.

In Section 95 housing CMHC can consider cost of up to 10% above the maximum unit price when agreeing to providing the mortgage insurance and interest rate subsidy. There are no extra dollars in its pool of money for committing to this, so there

may be fewer total number of units built through this mechanism as a result. This is clearly about making choices, taking responsibility for decisions, and seeking alternatives to traditional financing sources to meet many housing needs.

With respect to incorporating disabled access, the limitation of Section 10 financing is that the higher costs are not easily absorbed on a month to month basis. Those units built through the Section 95 method are able to incorporate the added cost of building disabled access by spreading the marginal cost over the 35 year period and benefitting from CMHC's interest payment contribution. Nevertheless, while the cost may be marginal for one Section 95 unit, if many disabled units are needed the cumulative effect could require significant additional cost. Because the Section 95 interest rate assistance fund is a fixed amount, this additional cost means that fewer housing units will be built overall.

On-Reserve Renovation Programs

Housing renovations are particularly important in meeting the needs of disabled people. Two direct on-reserve renovation programs are available through CMHC and DIAND.

Through CMHC's On-Reserve RRAP, First Nations in Atlantic Canada can receive a loan of up to $18,000 for a renovation project to bring a unit up to standard. The funds are designated for redress of structural, electrical, plumbing, heating, fire safety problems, and overcrowded conditions. A maximum $5,000 with that $18,000 loan is forgivable.

Through the DIAND capital program, each Atlantic First Nation is allotted on an annual basis at least one $6,000 subsidy to be used to leverage other financing to complete renovation activities. The subsidy and subsequent loan from a lender could be applied against one project or many, as is deemed necessary. In both of these case, First Nations must plan for the repayment of the loan amount they acquire.

Section 10 loans can also be used for renovations. However, similar difficulties in obtaining the revenue to repay the loan are faced by both renovators and builders.

Renovating units to meet disabled needs is costly. It may require structural modifications throughout an existing unit. In general, the cost of renovating to accessible specifications is considered to average about 10% to 12% higher than non-disabled renovations.[12]

The key point is that decisions need to be made about how renovation dollars are spent, and how much of those renovation dollars are to be used to meet the needs of the disabled and elderly on-reserve. In many some cases the costs of renovation for a disabled or elderly person may be higher, but these are choices which need to be made.

There has been an attempt by the funding agencies to encourage some existing renovation funds toward disabled projects by earmarking some funds for those purposes. For example, CMHC has a program called Home Adaptations for Seniors Independence (HASI) that provides one-time grants to low income seniors to make changes (such as adding a wheelchair ramp or grab bars) so they can remain longer in their own homes. However, in general terms, there has been no corresponding increase in overall funding or change in the approved levels or methods of funding. As some key informants suggested, the effort was one of "window dressing" alone.

Key Support Programs

Programs that support individual independence in homes are of interest for this project as they can reduce or delay capital investment in housing construction or renovations. The main support programs of this type that are delivered and used on reserves are administered by DIAND and Health Canada. A brief description and discussion of these follows.

DIAND Support Programs

Adult Care

Adult Care covers a set of non-medical functions designed to promote independence and quality of life. DIAND funds are focused in two areas: in-home care and extended care. In-home services eligible for funding from DIAND are homemaker services, meal programs, and some other non-medical services. DIAND funds First Nations at set rates for these functions.

When it is not possible for the disabled person to remain in their home and additional assistance is required, an extended care facility may be needed. These care facilities can be either institutional settings or community residential settings. An institutional setting has a capacity for multiple beds and provides 24 hour full care services. Residential settings may be group homes, small option homes, foster care homes or boarding homes. DIAND will pay the per diem rates for each extended care client.

At present no institutional, group home or optional home settings exist on any reserve in the Atlantic Region. Therefore, moving to extended care facilities means moving from a familiar community, family and home to a facility off-reserve. This was cited as a key issue for disabled First Nations people. Most First Nation communities try to keep disabled people in their home communities despite the funding incentives to send them to extended care facilities outside the reserve.

Social Assistance

DIAND funds social assistance for on-reserve clients under similar terms and conditions as the province in which the reserve is located. These usually include special benefits for disabled people. While the benefits vary by province, entitlements for additional income are common, and the "special needs" portion may allow for some special foods and minor changes to housing.

Education

Of importance for disabled young people on reserves, DIAND will provide funds to First Nations through its education program to assist with the extra costs of educating a disabled person. This, however, does not extend to the home environment of the student.

Health Canada Support Services

Medical Needs

Medical needs are the responsibility of Health Canada. Health Canada defines the medical needs they fund as those devices or technical aids not attached to the home structure. Those that are attached are considered to be a capital improvement concern rather than a medical one, and therefore DIAND's responsibility. This difference was raised by many and it was suggested that Health Canada fund attachments for medical purposes to the structure. Nevertheless, most of those interviewed indicated that when a specific item was needed the parties found some way to deliver it.

Health Canada funds several services of interest. Depending on the size of the community and the needs, the services vary. The three main

programs available to on-reserve residents are home care medical attendant, non-insured medical and dental services, and medical transportation.

Home Care Attendants

These programs are designed to complement DIAND's funding of in-home non-medical care. When a client requires some form of medical supervision, that becomes the responsibility of Health Canada. This service generally consists of in-home visits by a medical attendant.

Non-insured Medical and Dental Benefits

Benefits for Status Indians are funded through Health Canada regardless of place of residence. This covers medical services for the purposes of maintaining health, preventing disease, and diagnosing or treating illness, injury or disability, that are not covered by insured medical services or any other programs. While coverage varies, areas commonly covered include: drugs, medical supplies and equipment, optometric services, dental care, and insurance fees.

Funding for housing renovations or modifications is not available through Health Canada. However, technical aids that are not attached to the structure may be accessed. These can include items like wheelchairs, grip bars, leg braces, and crutches. These aids can help maintain independence in the home without renovations.

Medical Transportation Costs

Medical transportation costs needed to access medical services from outside the community are covered by Health Canada. This can help to maintain personal independence in both the home and community.

Other Support Services

Non-medical wheelchair accessible modes of transportation are available throughout New Brunswick and Nova Scotia for on-reserve residents through provincial Departments of Transportation. Generally, most of the transportation does not provide door-to-door service. Disabled people must meet the bus at a designated stop. In addition, Acadian Lines and SMT have accessible buses that provide long distance transport in Nova Scotia, New Brunswick and Prince Edward Island. This allows some independence for on-reserve disabled people.

Provincial governments and private or non-profit agencies provide a variety of additional support services. For example, New Brunswick's Department of Health and Community Services provides several services to the disabled population and seniors such as the Adult Residential Services. Community residences are non-profit facilities that provide therapeutic and/or rehabilitative residential services for adults with special needs.[13] The Department also has a Health Promotion Program for Seniors and a Relief Care Program.

There are a number of non-governmental organizations that provide support services to the disabled population including the Canadian Rehabilitation Council for the Disabled and the Victorian Order of Nurses. These programs are available to the seniors and disabled population of New Brunswick; however, none are provided on-reserve. This is the result of continued confusion over jurisdiction and a variable criteria of need for services.

On-/Off-Reserve Comparison of Programs and Services

For disabled and elderly people both Native and non-Native, on- and off-reserve in Atlantic Canada, there is a gap between the services required and those provided. Where First Nations can not or do not provide services, for whatever reason, there is an opportunity for others to step in and fill the gap. In addition, gaining access to those services can be very complex, time consuming, and frustrating.

Throughout this project, researchers contacted a range of officials at all levels of government and in private sector services. When asked about their provision of support services to the on-reserve population, the general response was to redirect responsibility back to DIAND. There seems to be the perception that responsibility for the well-being of Aboriginal communities belongs to DIAND. However, DIAND does not provide services; it funds First Nations to provide certain services to its community members.

The few organizations that did not redirect the responsibility to DIAND could not report an actual case where assistance was given to a First Nation disabled or elderly person who lived on-reserve.

Currently, there are differences between on-reserve and off-reserve housing programs in Atlantic Canada (see Appendix A for more detailed discussion of off-reserve programs). The major differences can be found in Emergency Repair Programs (ERPs) and RRAP on- and off-reserve.

For disabled and elderly people who live off-reserve in Atlantic Canada, a variety of Emergency Repair Programs (ERPs) are available to meet crisis situations. ERPs differ in funding sources from province to province. However, each province has an average of two different programs to meet emergency needs. Emergency needs are those associated with plumbing, electricity, heating, and roof repairs. There are no ERPs on-reserve. Emergency repair funds must come directly from the reserve's fixed housing budget.

The off-reserve population has access to a portion of CMHC RRAP dollars targeted specifically for disabled people for adaptations, modifications, and renovations. The funds are classified as Disabled RRAP dollars. In each of the four Atlantic provinces the program has been in great demand. While there is no program labelled Disabled On-Reserve RRAP, CHMC's On-Reserve RRAP program allows disabled -related renovations to be funded and these are often given a high priority within this on-reserve program.

In summary, although there is a variety of housing and support services available to the disabled population in Atlantic Canada, very few such services and programs are readily available on-reserve.

Trends

There are four major trends that impact significantly on meeting special housing needs on reserve.

1. Increasing Elderly and Disabled Housing Needs

Nationally, on-reserve population projections indicate that the number of elderly people will triple to 58,000 by the year 2015. Estimates for the disabled are unknown, but could be as many as 41,000 within the next two decades.[14]

There is presently a shortage of housing on-reserve and projections show this need to be rising. The incentive to build as many units as possible may mean that higher cost units accommodating designs for the disabled are less likely to be built. At the same time the effect of poorer health of First Nations people and the increasing number of elderly will mean that a bulge in demand for special housing is projected. Therefore, the gap in meeting special housing needs may increase significantly on reserves throughout the region.

2. *Government Service Restructuring*

There have been many changes in government services over the past few years. These changes have resulted in budget cuts, the definition of new priorities, program elimination, and a shift in responsibility for decision making from senior governments to provincial and in many cases, local administration.

The new paradigm for programs creates a great deal of uncertainty for future assistance. The already clouded question of responsibility for on- and off-reserve services may become more cloudy unless special attention is paid to the circumstances of people on-reserves.

3. *New Housing Policy*

On July 25, 1996, the federal government announced a "new approach to on-reserve housing for First Nations in Canada."[15] This new policy is based on the principle of forming partnerships between the government and First Nations communities. The fundamental approach is based on comprehensive community planning.

This approach is complimentary to the current trend in planning: *for the community by the community*. It gives the community the responsibility to develop a plan based on their individual needs. First Nation communities will gain more authority. However, it is not certain where the unique housing needs of the disabled and elderly people fit into this process. Ideally, their needs should be responded to in the initial design of the plan. However, without additional funding to reflect the added cost of disabled housing, it may be difficult to address these needs.

4. *Federal Approach to Disabled People*

In the 1997 federal budget, tax breaks for disabled people were headlined to help "build a stronger society." Tax breaks were offered in three ways: individual tax reimbursements; medical expense tax credits; and the elimination of the deduction limit.[15] Status Indians living on- and off-reserve do not pay income tax, rendering these tax breaks irrelevant. Therefore, the federal approach to assist disabled people must be amended to reflect the unique circumstances of First Nations people particularly residents on-reserve.

The **Task Force on Disability Issues** indicated that holistic approaches were needed to truly address disabled needs.[17] It also reported that Aboriginal persons with disabilities face "jurisdictional issues" and a "fragmentation of services." As a result, the **Task Force** identified a major concern for the elderly and disabled people as simply identifying the level of government and/or department responsible for addressing their needs. The **Task Force** concluded that special attention to the circumstances and conditions of on-reserve disabled people was necessary. The fate of this recommendation will greatly affect the future of on-reserve disabled people.

These trends indicate that the disabled and elderly population continually fight for equal access to quality of life. While disabled and elderly Aboriginal people face the same equity issues as non-Native disabled and elderly people, they have additional barriers accessing the same programs and services. These barriers include the complexity of programs, limited funds and education, and the wide perception that DIAND has additional resources to meet the needs of this population.

Interviews and Focus Groups

Although Indian and Inuit Health Canada maintains an up-to-date registry of disabled First Nation people throughout Atlantic Canada, the registry does not include their specific needs arising from their disability (housing in particular).

The following tools and approaches were designed to obtain general observations and perceptions about the number of disabled people and units in communities, the types of services required and accessed, as well as insight into what might be done about these issues:

- Key informant telephone interviews with 31 First Nations housing representatives.
- Key informant interviews with disabled persons, housing representatives and support professionals on six reserves in the region.
- A focus group with housing and disabled stakeholders.

Telephone Interviews

Telephone interviews were conducted throughout Atlantic Canada in the summer of 1996. Dana Francis and Associates contacted 31 housing representatives, with 14 (45%) responding.[18] Follow-up calls were unsuccessful in gaining additional responses.

As noted previously, the age definition for seniors differed markedly among respondents. Some reserves classified 50 year old people as seniors; others saw 70 years of age as the turning point. This range is important as some informants classified expenditures as being used for a disabled person, whereas others reported them as being spent on a senior.

The following are examples of observations and perceptions of housing representatives about the present housing needs for disabled and elderly people on-reserve in Atlantic Canada:

- The percentage of community population that was disabled (given the operating definition) was consistently estimated at around 10% or less. Disabled were seen as a relatively small proportion of the on-reserve population.
- The annual amount of money spent on housing on-reserve for a disabled person ranged from $0 to $20,000.
- The number of elderly people on-reserve varied greatly, ranging from 2 on small reserves to 300 people on large reserves (no percentage estimates were given).
- The amount of money spent on housing for an elderly person ranged from $0 to as much as $50,000.
- Housing representatives reported spending a great deal more for repairs for elderly people than for disabled. This difference is due to the greater number of elderly people on-reserve compared to the number of disabled people. The information collected did not identify the percentage of elderly people who are also disabled.
- Allocation of housing dollars on-reserve was reported to be based mostly on need identified through a point system, by the council, or by a decision by committee.

Interestingly, when asked if disabled people were a priority for new housing, half the respondents answered "yes" and the other half said "no". However, all housing representatives agreed that **renovations** for disabled housing was a priority.

Similarly, when asked if new housing for the elderly was a priority, half of the respondents said "yes" and the other half either said "no" or qualified their answer. This qualification revealed that most elderly people already have a home and would no longer be seen as a priority for new houses. However, 10 of the 14 housing representatives reported that **renovations** for elderly people were seen as a priority.

The source of funding for renovations or modifications for either elderly or disabled people on-reserve came mostly from the First Nation's capital budget which included using CMHC's On-Reserve RRAP dollars. Additional funds were reported to have been accessed from Social Assistance, Pathways, and Health Canada, whenever possible.

Housing representatives were asked to identify particular innovations, ideas, or solutions for housing seniors and those with disabilities. Various comments received included the suggestion of building one-floor accessible units for disabled people, or senior citizen complexes. Other responses identified the need for more funding, new housing demonstration projects, and accessing Pathways resources to supplement existing programs.

Finally, housing representatives were asked if they felt the housing needs of disabled seniors and disabled people were being met in their community. Half of the respondents said, "yes" and the other half said "no."

Conclusions from this initial round of interviews include:

- While there is no standard data base, it appears that community members have a good idea of who in their community is disabled, and the number appears to be fairly consistent among communities, at about 10%.
- While disabled people are not seen as a high priority for new units, they clearly are seen as a priority for home renovations.
- Individual renovations can be very costly and easily exceed available funding.
- There may be significant numbers of disabled and elderly people on-reserve whose special housing needs are not being met. This project did not attempt to complete a "census" of their housing needs.
- There could be a significant gap between the funds available and the demand for disabled housing and renovations. This project did not attempt to document to full demand for disabled housing and renovations.

These preliminary results helped focus the second set of interviews designed to provide a profile of the issues and responses in six representative First Nation communities, and to identify, where possible, innovative approaches addressing any funding or service gaps.

Needs and Responses in Six First Nation Communities

Six First Nation communities were chosen for closer examination of the current situation with respect to disabled and elderly housing needs and responses to those needs. The communities selected represent a diversity of population size, housing budgets, and geography within Nova Scotia and New Brunswick.

In addition to disabled citizens, key people in the community with specialized knowledge pertinent

to the field, such as housing representatives, social workers, health professionals, and Family and Children Service agency representatives were also interviewed.

Big Cove First Nation, New Brunswick

Big Cove has an on-reserve population of 1,751, and the number of disabled and elderly disabled ranges from 20 to 60 people. Only 30% of these people have adequate housing (adaptations and modifications have been made to their homes), and about 75% receive some form of support services and programs.

Key informants suggested that there was a need for a Meals on Wheels program, for a seniors housing complex, and an adult day care program. Furthermore, they identified that the current level of home visits by public health nurses was low and that Band officials and staff do not make visits to disabled people and therefore do not really know their true needs. There is a problem among the disabled in their ability to identify and access programs and services. Finally, it was noted that the Band feels it does not have the time or financial resources to carry out a complete and formal needs assessment (to identify the number of disabled and their needs) in the community.

The Band currently provides a homemaker service while the provincial government provide an adult care program (public health nurse visits). The Band also arranges for snow removal at the homes of the disabled. Chief and Council are responsible for allocating new housing money each year and the disabled do get some special consideration, but only for renovations and not for new construction. The Band spends about $100,000 on disabled people annually, about half of that from the capital budget for renovations, and the other half from the operating budget to pay for staff and programs. The Band relies on the public health nurse to identify specific needs of the disabled, and to bring them to the attention of Band staff.

Eel Ground First Nation, New Brunswick

Eel Ground has an on-reserve population of 382, and the estimated number of disabled and elderly disabled ranges from 4 to 12 people. Only 35% of these people have adequate housing (adaptations and modifications have been made to their homes), and receive some form of support services and programs.

Key informants suggested that there was a need for a Meals on Wheels program, for a community van for transporting the disabled to activities and services, for a community newsletter, for a support group for the disabled, and for increased visits from nurses. There is a problem among the disabled in their ability to identify and access programs and services. It was noted that the off-reserve Band members cannot access on-reserve programs (namely the homemaker service), and that on-reserve members cannot access most provincial programs. Finally, it was noted that the Band feels it does not have the time or financial resources to carry out a complete and formal needs assessment (to identify the number of disabled and their needs) in the community.

The Band currently provides a homemaker service while the provincial government provide an adult care program (public health nurse visits). The Band also has a medical transportation service to take disabled people for medical services, a child and family services staff person, and a social worker who provides counselling. The public health nurse, paid for by the province, visits the community two days per week. The Union of New Brunswick Indians (UNBI) provides a VON

service on-reserve. Chief and Council are responsible for allocating new housing money each year and the disabled do get some special consideration, but only for renovations and not for new construction. The Band spends about $100,000 on disabled people annually, split between the capital budget for renovations, and the operating budget to pay for staff and programs.

Indian Island First Nation, New Brunswick

Indian Island has an on-reserve population of 93, and the estimated number of disabled and elderly disabled is about 5 people. All of these people have adequate housing (adaptations and modifications have been made to their homes), and all receive some form of support services and programs.

Key informants suggested that there was a need for a social worker to be placed full time in the community. They also identified a need for Chief and Council to pass on more information about available programs to the disabled, the elderly, and their families.

The Band currently provides a homemaker service while the provincial government provide an adult care program (public health nurse visits). The VON also visit the community on a regular basis. Chief and Council are responsible for allocating new housing money each year and the disabled do get some special consideration for both renovations and for new construction. The Band spends about $56,000 on disabled people annually, about $20,000 of which is from the capital budget for renovations, and the remaining $36,000 from the operating budget to pay for staff and programs.

Afton First Nation, Nova Scotia

Afton has an on-reserve population of 274, and the estimated number of disabled and elderly disabled ranges from 4 to 20 people. Only 5% of these people have adequate housing (adaptations and modifications have been made to their homes), but about 70-90% receive some form of support services and programs.

Key informants noted that the Band was running out of money to continue its homemaker program. They also identified that Band staff need to visit the homes of the elderly and disabled to see first hand what the problems and issues are, and to provide those people with more information about available programs and services. Public buildings in the community are not wheelchair accessible. A Meals on Wheels program was also identified as a need in the community. The lack of access to provincial programs was cited as a problem as well.

The Band currently provides a homemaker service while the provincial government provide an adult care program (public health nurse visits). A doctor visits the community once per month to service the general needs of all people in the community. While the Chief and Council are responsible for allocating new housing money each year, it is the Housing Committee which makes recommendations on how the money should be spent, and they do give the disabled special consideration for both renovations and for new construction. It was also noted that Council and the Health Committee work well together in identifying and addressing the needs of disabled and elderly in the community. The Band spends about $25,000 on disabled people annually from the capital budget for renovations, and another $14,000 from the operating budget to pay for staff and programs.

Indian Brook First Nation, Nova Scotia

Indian Brook has an on-reserve population of 1,141, and the estimated number of disabled and elderly disabled ranges from 6 to 10 people. Most of these people have adequate housing (adaptations and modifications have been made to their homes), and most receive some form of support services and programs.

Key informants suggested many needs were present in the community, including the lack of wheelchair access to public buildings, the lack of visitation by Band staff to disabled people to see the issues and problems first hand, and the lack of any community transportation (such as a van) to transport disabled people to services or even for someone to run errands for disabled and elderly people. Linked to these issues is the desire for more information about available programs and services, either through pamphlets or a regular newsletter, on the part of the disabled population in the community. Respite care for spouses and more regular visit from health nurses were also identified as particular needs.

The Band currently provides a homemaker service while the provincial government provide an adult care program (public health nurse visits). Chief and Council are responsible for allocating new housing money each year using a process of voting on a list of recommendations from Band staff. The disabled do get some special consideration for both renovations and new construction. The Band spends about $20,000 on disabled people annually from the capital budget for renovations, and an unknown amount from the operating budget to pay for staff and programs. The Band will on occasion borrow extra money from a bank to meet some of the housing adaptation needs of the disabled.

Wagmatcook First Nation, Nova Scotia

Wagmatcook has an on-reserve population of 476, and the estimated number of disabled and elderly disabled ranges from 6 to 23 people. Only 20% of these people have adequate housing (adaptations and modifications have been made to their homes), and only about 25% receive some form of support services and programs.

The two key issues in Wagmatcook appear to be the lack of Native trained health care workers, and the lack of access to provincial programs by on-reserve members. A community newsletter was identified as a possible tool for keeping the disabled and elderly population informed and involved.

It is interesting to note this community represents an anomaly among the six case studies in that there appears to be a mismatch between the number of disabled and elderly people receiving support and adequate housing as compared to the range of programs and resources available in the community. For example, a needs assessment was completed (in 1993). The community also has a Meals on Wheels program and both a homemaker and health care service in place. It also has adult care services available through the provincial government. Furthermore, Chief and Council do try to give preference to disabled people when making housing expenditure choices. Wagmatcook spends about $25,000 to $35,000 from its capital budget (for renovations and adaptations) and another $100,000 in salaries and programs to support the elderly and disabled.

What is clear from the profiles of six communities is that for the most part the common approach includes:

- Spend some money from the capital budget (on-reserve RRAP) for as many renovations and adaptations is as financially possible.
- Provide a homemaker service with Band program funds and supplement that service with public health nurse visits paid for by the Province.
- Give special consideration to the needs of the disabled and elderly disabled when allocating housing funds.
- Innovation or variation among the profiled communities is limited to completing a needs assessment, providing a transportation service, providing Meals on Wheels, arranging a monthly doctor's visit, providing a social worker for the community, and accessing the VON services. Only one Band borrows from a bank, on occasion, for completing more renovations and adaptations beyond the capital budget or on-reserve RRAP funds.

Summary of On-Reserve Interviews by Interview Group

This section provides a summary of the information collected from each of the three distinct interview groups - the disabled, the housing managers, and those in the social service and program support network.

Disabled/Elderly Disabled Persons

Nine First Nation disabled people participated in face-to-face interviews. Of those, five were 65 years of age or older. All but one respondent lived on-reserve. Of those interviewed:

- all classified themselves as Registered Indians;
- all lived in single detached units provided by the Band (the off-reserve respondent's home was provided by the province);
- the majority of the respondents lived in a one to three person household;
- Mi'kmaq was the first language learned by the majority of the respondents;
- all were unemployed with an annual income of under $10,000; and
- respondents were able to identify other disabled or elderly people in their community with special housing needs amounting to less than 1% of the on-reserve populations.

The majority of disabled or elderly disabled people interviewed reported the Band had provided a variety of special adaptations to their home. Only two people reported they had received no adaptations to their home and one of those was the off-reserve resident.

Adaptations consisted of kitchen and bathroom repairs and renovations, doorways and hallways widened, ramps installed, and electrical outlets lowered. The estimated cost of these adaptations ranged from $2,000 to $6,000.

All reported further adaptations were necessary for a more accessible home and an independent lifestyle. The most important adaptations still required were very much the same as those listed above, including: installation of ramps; modifications to kitchens and bathrooms; wider doorways; and lower electrical outlets. When asked if they were aware of any innovative ways that special housing needs have been met in other areas, all respondents said "no."

As seen in housing adaptations, many disabled and elderly disabled reported receiving a variety of support services generally provided by the Band. Only two respondents reported that services were received externally (one reported receiving

services from the Union of New Brunswick Indians). However, the overall response was that a great deal more was needed in all areas.

Those interviewed reported that more services were necessary. Services currently being accessed on-reserve included:

- health nurse;
- adult care;
- home maker;
- social worker; and
- medical assistance.

Respondents reported that they also require:

- more accessible transportation;
- more accessible public buildings;
- support groups for themselves; and
- support and relief for their spouses and family members.[19]

Most respondents (seven of nine) reported having difficulty **identifying** services and programs available for disabled people (regardless of age). All but one informant reported having difficulty **accessing** services and programs.

To make programs and services more accessible the respondents suggested:

- information packages for disabled people;
- newsletters;
- communication between disabled population and public staff (through home visits);
- meetings with and presentations to seniors' associations; and
- education and awareness through the health care professionals.

Without the appropriate adaptations, five respondents reported that they would not be able to stay in their home for more than two years. The remaining respondents reported that they either did not know how long they would be able to stay in their home or for "more than five years" because they had no other alternative.

Housing Representatives

The responses from the first telephone survey of housing representatives and the face-to-face interviews of housing representatives on-reserve were very similar. Some results based on the six interviews were:

- The estimated percentage of people living with disabilities on-reserve was less than 2% of the on-reserve population.
- Special consideration was given for housing modifications and renovations for disabled and/or elderly disabled people.
- The capital budget and On-Reserve RRAP (when available) were the main funding sources for renovations and modifications.
- Four of the six respondents suggested that $20,000 to $30,000 was expended on people with disabilities each year for housing. One respondent suggested that $10,000 to $20,000 was spent, and the final respondent suggested that $4000 a year was spent on home renovations for people with disabilities.

Housing representatives reported that approximately half of existing special housing needs were currently being met on each reserve, while the remaining half were not met due to lack of funds or resources. They also reported that all programs and resources available were utilized so disabled and/or elderly people could remain in their homes.

Housing was usually allocated either through a priority list, on an as-needed basis, or by a Chief and Council vote. Four reported that persons with

disabilities received special preference for housing allocation.

The housing representatives indicated that if funds are available, the need is met. When asked if they had any innovative ideas or solutions to meet special housing needs, the common response was "no." Additional comments included: "We try to do the best we can." and "We are innovative in everything we do."

Social Services, Health, and Child and Family Services Representatives

Social Services, Health, and Child and Family Services representatives estimated that in the majority of communities 10% or less of the disabled and/or elderly disabled people were living in adequately designed houses on-reserve. However, one service representative reported up to 30% of the disabled and elderly disabled people were living in adequately designed houses, while another reported that this was true for up to 50% of disabled and elderly disabled people in their community.

The services reported to be available in many First Nation communities include:

- adult care;
- home maker;
- health nurse/health care;
- doctor visits;
- senior/disabled committee;
- meals on wheels; and
- counselling services.

Service representatives estimated that, of the disabled and elderly disabled people in their communities, between 50% and 75% receive the services available. However, the overall response was that all services needed to be expanded, more programs were necessary, and additional workers and resources were required in all areas. In addition, the following services were identified as particular needs:

- services that meet emotional needs;
- adult protection services;
- public accessibility services; and
- exercise programs.

Key informants suggested that these services should also be provided to disabled First Nation people off-reserve.

Service representatives indicated that disabled people on-reserve were seen as a priority in many areas, and did receive special consideration for various programs and services. Particular consideration was given upon request from a doctor or nurse. They felt disabled people were given special consideration for house repairs and maintenance (such as having driveways cleared of snow) by the Chief and Council.

The range of the number of dollars spent on a disabled person varied greatly. It was estimated to be "up to $15,000 to over $50,000" annually. Service representatives suggested that there are many factors to consider in determining how much money is spent on an individual person.

Five of the service representatives interviewed were aware of others in the community that were not currently receiving support. Four respondents estimated that the number ranged between one and ten disabled and/or elderly people per community that did not receive adequate support.

When asked if they themselves had difficulty identifying various programs and services, about half of the informants said "yes." The majority of informants had difficulty accessing these programs and services. This difficulty was a

result of a lack of information, lack of funding, or non-eligibility. Nine of twelve service representatives reported that they were not aware of any innovative ways that service or support program needs have been met elsewhere. Of those needs that were met elsewhere, one representative identified a community networking initiative with First Nation communities in British Columbia and another noted a "Meals on Wheels" program offered in other communities.

There was no evidence from those interviewed that services offered off-reserve were accessible to on-reserve residents.

Service representatives suggested that the following responses were needed:

- more funds to develop programs;
- programs designed by First Nations;
- more education so that actual "need" is understood;
- home visits carried out by those who provide the services; and
- on-reserve committees to organize and manage these initiatives.

These identified responses are key to developing programs and mechanisms that adequately respond to the needs of people with disabilities on-reserve. In particular they point to placing more responsibility in the hands of First Nations to educate everyone about the extent of the need, and to organize and manage programs and services locally.

It is interesting to note that the estimated percent of people on-reserve living with disabilities was very inconsistent among people interviewed. This issue relates back to both the definition of "disability" and the lack of quantifiable data related to on-reserve housing needs.

Focus Group

A focus group meeting was held at Fort Folly First Nation in New Brunswick on January 28, 1997. There were 13 participants and 3 members of the RSTP research team in attendance. The invited participants came from a variety of Native and non-Native communities, various federal and provincial government agencies, and Native and non-Native disabled organizations and networks.

All participants received an information package prior to the event, which consisted of preliminary information and a summary of completed research to date under the headings: Size and Scope of the Issue; the Practical Side of the Issue; and the Policy Side of the Issue. The following background information from the interviews and research was presented at the beginning of the workshop:

- Respondents to the telephone interviews consistently estimated their community's disabled population as around 10%.[20]
- 10% of the regional on-reserve population (totalling 15,321) is about 1,532 people.
- Interviewees felt about 50% of the disabled population was without adequate housing services. 50% of 1,532 translates into about 766 disabled people without adequate housing services.
- Interviewees suggested that the majority of disabled individuals live with able-bodied people.

With this information the group undertook a four part agenda – brainstorming barriers; plenary discussion; brainstorming solutions; and final plenary discussion. After splitting into two smaller groups, each worked through the agenda. Three main categories were identified for each group to consider – Housing and Capital, Support Structures and Programs, and Policy

Environment. Detailed notes from the focus group session are provided in Appendix C.

The Issues

The main issues identified for on-reserve "Housing and Capital" were:

- unclear or undefined decision making structure;
- lack of exact knowledge of the disabled housing needs; and
- limited capital budgets.

Additional funding for disabled needs was identified as a priority, and it was suggested that a set amount of dollars be allotted for disabled housing needs and a system of accountability for those dollars be put in place.

For "Support Structures and Programs" the issues included:

- lack of basic knowledge of availability of services on-reserve;
- jurisdictional issues and the difficulty identifying on-reserve and off-reserve support structures and programs;
- perceptions or attitudes of clients and providers of off-reserve services. While research did not target this issue, stereotypes, preconceptions and attitudes service providers have of on-reserve clients (and vice versa) impacted on the frequency of use of these services; and
- various gaps, overlaps, and duplication of services.

Participants suggested an on-reserve needs assessment centre could be established as the community information centre which would identify gaps or needs in the community. Alternatively, a "clearing house" of information could be established that would house information about a range of services and support structures available on reserve.

For the "Policy Environment" discussion, identified issues included:

- lack of Aboriginal involvement in policy development;
- the current definition of "disabled" was questioned in terms of its relevance; and
- identifying "disabled" needs as being isolated from and different than housing needs of the general population. Considering disabled needs on a broad scale with other on-reserve housing and non-housing needs provides a clearer picture of the issue.

Some Solutions

To deal with these issues, several alternatives were suggested by participant. Among these were to:

- Use existing resources by integrating housing needs with other non-housing solutions.
- Emphasize building on existing successes on-reserve.
- Raise awareness and educate people both on- and off-reserve about the issues and needs of disabled people.
- Have key resource people from the community meet and discuss the issues raised through this research.
- Include disabled and elderly people in these discussions, because "the person in need is in the best position to identify the need and solutions."

Discussion

The purpose of this study was to assess the nature and extent of special housing needs on-reserve and to provide an indication of how these needs are being met. The major challenges to identifying and meeting the housing needs of the disabled and elderly on-reserve include:

- defining the nature and extent of special housing and support needs;
- identifying roles and responsibilities among stakeholders; and
- working with limited financial resources.

The Nature and Extent of Special Housing and Support Needs

Several questions have been raised regarding the nature and extent of special housing and support needs of people on reserve: how many disabled people live on-reserve, how many elderly people live on-reserve, how many from each of those groups are adequately housed, and how many from those groups have access to appropriate support services.

At the present time, it is not possible to answer many of these questions accurately because a comprehensive quantitative study has never been undertaken. This study analysed the perceptions of various stakeholders in terms of how special housing needs were being met.

Findings from the study suggest that special housing needs do exist on reserve. The general consensus is that about 10% of the on-reserve population in Atlantic Canada is disabled and about half of those, approximately 750 people, have unmet housing and/or support service needs. In the general population, approximately 23% of those with disabilities have unmet housing and/or support service needs.[21]

Although there are various support mechanisms available to disabled people on-reserve, many are not aware of, or do not have access to these supports. In addition, gaining access to those services can be complex, time consuming, and frustrating. The complexity of various support programs, in addition to perceived jurisdictional issues, seems to preclude full participation in the programs.

Despite the problems encountered in accessing various government assistance, it seems that where special needs exist on-reserve, these needs are met from within the community to the best of its ability. Special housing needs are met, to some degree, by contributions from the on-reserve capital fund.

Roles and Responsibilities

Two sets of questions emerge under this topic. The first relates to housing, and the second relates to support services.

<u>Housing</u>

With respect to meeting the housing needs of the disabled and the elderly on-reserve, who makes decisions about funding and unit allocations, and on what basis? How are decisions made about the types of modifications and supports that are added to existing units to meet disabled and elderly housing needs?

There needs to be a clear process by which an individual's housing and support service needs can be identified, managed, and met. Ideally, there should be one central person or office on-reserve through which this assessment can be done. This individual can then identify potential solutions, either housing or support service related. This may involve reporting to the Chief and Council or housing manager (as appropriate given local situations) as to what housing is

required, and then arranging for appropriate on- and off-reserve services and programs to be delivered to the disabled or elderly person.

On an ongoing basis, decisions about how many units and dollars for renovations or adaptations will be allocated for elderly and disabled people will need to be made by Chief and Council. There appear to be very few guidelines for allocating housing or renovation dollars for disabled and elderly people at the community level. Interviews suggest that First Nation communities largely base their priority or spending on an "as needed" basis. This will not be easy with limited resources and competing interests. A rational planning approach should be used. This approach would entail a detailed collection of data to identify all housing needs. This data would be used to formulate a plan for long-term management of special housing needs on-reserve.

Support Services

With respect to providing appropriate support services to the disabled and elderly on-reserve, how are decisions made about which services and programs are available, at what cost, and delivered by whom?

There seems to be great confusion surrounding several issues: what programs and services are available to disabled and elderly people on-reserve; the cost, if any, of those programs and services; who or what agency delivers them; and how arrangements are made for accessing the services. For the disabled and elderly on-reserve with a limited education and income, the process can be too overwhelming and complex and too costly to pursue. The process of accessing information provides an additional service gap for disabled and elderly people on-reserve who seek assistance from off-reserve agencies.

One response to this apparent confusion is to establish a central office on-reserve to provide the answers and a single source for information on various programs. However, before this happens, there needs to be clarification about which programs and services are available and which are not, and why. There are some programs available to the general community off-reserve, particularly those provided by volunteer organizations. These options will need to be considered for providing similar programs on-reserve.

Compounding the issue of roles and responsibilities are the challenges associated with the devolution of federal programs and services to First Nations. More and more is expected of communities to provide programs and services locally, and some of this responsibility is coming with money attached. It is important that programs and service for the disabled and elderly be developed where they are needed and where it is feasible to do so.

Limited Financial Resources

Much of the concern expressed about this topic relates to the perceived lack of necessary finances to meet all of the housing and support needs of the elderly and disabled on-reserve. It is clear that the housing demand on-reserve is greater than the supply of housing, and 50% of the present housing stock is classified as substandard and needs to be either repaired or replaced. What is less clear is the exact number of elderly and disabled households with unmet housing needs. Without this information, we cannot accurately estimate the funding resources required to solve those housing problems. Evidence from those interviewed suggests that more money for new housing and for renovations is needed and could be spent immediately on unmet demands.

Recommendations and Conclusions

This final section identifies recommendations for action by stakeholder groups (Aborginal organizations in partnership with government) and by individual First Nation communities themselves. It also provides an evaluation of the objectives of this project.

A common element among the recommendations is the need for First Nation disabled people to play a key role in all issues affecting them including: identifying needs, establishing criteria for assistance, making decisions, and being the advocating voice.

Another common element is the need for First Nation communities to take a proactive planning approach to meet the special needs of disabled and elderly in their communities, incorporating their needs into the bigger picture of planning for the future of their communities.

Recommendations Addressing Global Issues

The recommendations in this section are aimed at furthering the working partnership among the Atlantic Policy Congress of First Nation Chiefs, CMHC, and DIAND.

Streamline Program Delivery
Identify where similar federal programs and services are currently being offered, and seek ways to streamline the delivery mechanisms and reduce overlap and duplication. Several options exist for addressing this issue, including having annual meetings that bring stakeholders (community groups, government, private sector, and others) together to discuss opportunities for improved program delivery. This should be initiated by the Atlantic Policy Congress of First Nations Chiefs in partnership with DIAND and CMHC. An effort must be made to involve provincial government departments whose many programs could also be made available to those on-reserve.

Explore Alternative Use and Management of the Housing Funds Available
The Atlantic Policy Congress of First Nations Chiefs in partnership with DIAND and CMHC should explore how utilize the regional housing dollar allotment (for both new construction and renovations) to its fullest potential. There may be opportunities for leveraging further money or for using a different allocation formula.[22] It is important to involve commercial institutions and other financial players to explore how alternative scenarios could be implemented for leveraging more money to meet housing needs on-reserve.

Establish a First Nation Disabled Advocate
Identify a First Nation disabled advocate to act as a voice at a community, regional and national level. This person should coordinate a network of disabled and elderly people and advocates.

Recommendations Addressing Community Issues

The recommendations in this section are aimed at helping First Nation communities identify the nature and extent of housing needs among the disabled and elderly in their community, and identify appropriate roles and responsibilities in housing and support services.

The critical element for First Nation communities is that they must take a comprehensive planning approach to identifying needs and developing strategies to meet them. This is particularly important as many communities are entering into

Alternative Funding Arrangements (AFA) with the federal government, allowing for more flexibility in how money is allocated among program and service options in the communities. Each of the recommendations below start with the premise that First Nation communities must undertake a comprehensive and long term planning approach for the future of their communities.

There are many community planning resources available to help individual communities plan for the future. They offer guidance on how to create a vision for the future, collect information, identify issues, set priorities, develop action plans, and implement them. These include, among others:

- **Stepping Forward: Discovering Community Potential and Acting on Challenges** (available from the Rural and Small Town Programme at Mount Allison University.
- **Strategic Planning for the Community Economic Development Practitioner** (with a focus on Aboriginal communities, available from the Centre for Community Enterprise in Port Alberni, BC).
- **Using Development Indicators for Aboriginal Development** (available from the New Economy Development Group Inc in Ottawa).
- **Building Communities from the Inside Out: A Path Toward Finding and Mobilizing a Community's Assets** (available from ACTA Publications in Chicago, IL).

Any of these resources can serve as starting points to help communities work on the recommendations below. First Nations communities should explore existing employment program opportunities, particularly those targeted to youth, to not only build people's skills but also to have resources to carry out some of the work associated with these recommendations.

Conduct a Needs Assessment Survey of the Community with a Focus on Disabled Needs
Collect detailed information from members of the community that quantifies the number of disabled and elderly on-reserve, and the type of housing and support service needs they require. There are several tools available to help with this task, including:

- **InfoQuest Easy-to-Use Survey Software™** (available from the Rural and Small Town Programme at Mount Allison University).
- **Community Housing Needs Manual** (available from the Yukon Housing Corporation in Whitehorse, YK).
- **Survey Tracker** (available from Progressive Planners in Fredericton, NB).

The needs assessment ideally should be done annually if possible, and at a minimum once every five years.

Establish a Formal System for Evaluating Disabled and Elderly Needs
Establish a single point of entry system for identifying and evaluating the needs of a disabled or elderly person on each reserve. One person or office on each reserve should serve as the point of contact by disabled and elderly people. This person or office will evaluate needs, make referrals, and arrange for appropriate followup actions as needed. Each First Nation must take responsibility for this activity and organize locally based on resources and capacity. This activity will be made easier once an initial needs assessment and inventory has been completed.

Further to this, Chief and Council, in consultation with Band staff and the community as a whole,

should make a decision about the relative importance of targeting a percentage of the annual housing budget for meeting disabled and elderly housing needs, the percentage that should be, and the most appropriate decision-making process for allocating those funds. One option, used in some communities already, is to develop a point system for determining housing needs, where people are given points based on a variety of housing needs indicators, such as crowding, disability, and so on. Those with more points are placed higher on the priority list for addressing their needs.

Create a Directory of Programs and Services
Each community should develop a directory of disabled and elderly programs and services, including those that are located off-reserve and are available on-reserve. Each First Nation community should develop its own directory because the availability of programs and services is likely to vary from community to community. A coordinating role could be established by the Atlantic Policy Congress of First Nations Chiefs to identify those programs provided federally or provincially that are available to all First Nation communities.

Once the directory has been compiled, it should be made available in an easy to read format to all elderly and disabled people. These can be delivered to their homes, with extra copies kept in the Band offices. The directory should be updated annually as programs change.

Establish Community-Based Programs
Each First Nation community should evaluate the feasibility of establishing more community-based programs and services for disabled and elderly residents where none or few exist. Communities will need to make decisions about which programs and services will be implemented to meet the needs of their residents. This also offers opportunities for partnerships with off-reserve community-based program delivery agencies. Examples of possible programs include Meals on Wheels, transportation service for medical and related visits, a respite care program for spouses and caregivers. The challenge will be to find creative ways to finance these programs.

Conclusions

The Completing the Circle report identified that there were major gaps and administrative problems in meeting the needs of disabled Aboriginals. This research confirmed that in Atlantic Canadian First Nation communities there are still a number of problems related to these issues. In particular, this research found that there is concern about the inability, real or perceived, to access provincially funded programs to meet on-reserve needs and the uneven provision of basic support services across the communities.

The Study of Home Adaptations Carried out Under the RRAP-D and HASI Programs identified that people's lives are greatly improved by work carried out under these programs and that disabled and elderly people are able to remain in their homes for a much longer period of time. This research confirmed that this was also true for those Aboriginal people who had adaptations made to their homes or who moved into new homes which were more accessible and better met their housing needs. However, the research also identified that approximately half of the Aboriginal population with disabilities still have unmet housing and support service needs.

This research also identified that First Nation communities are struggling to identify ways to meet many disabled and elderly with limited financial resources. There is a definite need for all stakeholders to continue to explore creative ways to address the limited funds issue.

This research identified a number of actions that can and should be undertaken to address these issues, both from a broader and more global perspective (involving all stakeholders), and from a community perspective, where First Nations communities are encouraged to proactively plan for their futures using a variety of readily available tools and addressing both immediate and long term issues.

This research project had a variety of objectives and they are outlined in the table below. Success was achieved in meeting each of these objectives. Of particular importance was the involvement of Aboriginal people in all phases of the work.

Table 3:
Project Objectives and Results

Objectives	Results
#1 To determine if disabled and elderly Aboriginal people in Atlantic Canada have housing needs that are not being fulfilled.	Yes, there are gaps in on-reserve housing mechanisms (related to construction and renovation) that overlook the extent of the needs of the elderly and disabled on-reserve population.
#2 To determine the degree of this need.	It was estimated that approximately half of the disabled and elderly population living on-reserve have unmet housing needs.
#3 To inventory existing direct and indirect approaches for construction, renovation, and support services and programs.	These were identified and discussed in this report.
#4 To identify any gaps between special needs and the programs and services that are currently available, and to explore options for eliminating those gaps.	Gaps in support services were identified in this report. Recommendations focus on improved support services and programs and more money for construction and renovation programs.
#5 To encourage Aboriginal involvement in the research project through an Aboriginal Regional Steering Committee and seeking ongoing Aboriginal involvement.	The Committee was formed and used, and Aboriginal people participated as researchers, interviewees, and focus group participants in various stages of the project.

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received detailed information on this change and have been encouraged to develop five-year housing action plans. These plans are submitted to DIAND regional offices for comment and approval before funds are forwarded. This change presents an opportunity for First Nations to develop innovative approaches to meeting their housing needs, in partnership with DIAND, CMHC, financial institutions, and others.

16. Hon. Paul Martin, **Budget in Brief**. February 18, 1997. http://fin.gc.ca/budget97/binbe/binbe.html.

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18. One limitation of this information source was the actual number of responses. The interviews were conducted during the summer when a smaller number of housing representatives were available to participate.

19. These services were reported to be "other services" that key informants knew were available elsewhere or to others.

20. As previously noted, proportions of disabled people on-reserve were reported to be lower by people from the six case study communities. Once again, this reflects the various interpretations of "disabled" among different people.

21. This figure was calculated using information from **Persons with Disabilities in Nova Scotia: A Statistical Handbook**, produced by the Disabled Persons Commission, 1995, pages 93-102.

22. Regional contracting for housing units and various investment options should be explored. Within the current housing programs, spending powers at the reserve level is limited. By the time that CMHC's $6 million and DIAND'S $3.198 million housing dollars are divided among the 31 First Nation communities in the Atlantic region this year, the actual dollar dispersion means a potential one to two new units per community. There may be ways to leverage the full envelope of money to build more units. For example, the money contributed could be invested and each community could "live off" the interest accumulated through the years. Alternatively, a standing committee of Chiefs could be established to decide which communities will receive funding which year, based on need. The infusion of added capital in one year could mean that one or community could build substantial number of more units by leveraging the money more effectively. A trial pilot project might also look at a new allocation formula based on either need or population. Any of these approaches would need to be endorsed and led by the Atlantic Policy Congress of First Nations Chiefs.

Appendix A

Provincial Housing Programs Off-Reserve

Nova Scotia

Home Ownership

The Family Modest Housing Program provides 100% mortgage financing to families who have an income of less than $50,000. The loan applies to building or buying a home. Maximum amount of loan is $70,000. Standard lending practices apply. This program is 100% provincially funded and administered. It is accessible to disabled people who meet the criteria.

Renovations

Residential Rehabilitation Assistance Program is available to low income home owners and landlords. This program is cost-shared, 75% federal and 25% provincial, and is administered by the province. A CMHC forgivable loan is available for major repairs to bring the unit up to minimum health and safety standards and could include access related changes. The maximum amount of grant available is $12,000 for home owners and $18,000 for landlords. A portion of RRAP dollars can be used for disabled people who are in need of home adaptations. These funds would be classified as Disabled RRAP dollars.

An Emergency Repair Program (ERP) is available through RRAP for crises situations. It is funded and administered the same as RRAP. The maximum forgivable loan is $4,000. A 100% provincial funded Emergency Repair Program (PHERP) is also available for crises situations. The maximum grant available through PHERP is $2,500.

Access-A-Home Program is for low to moderate income households with a maximum income of $30,000 per year. This provincially funded and administered program is specifically for access related changes to the home. The maximum grant is $3,000.

Through the Senior Citizens Assistance Program, a maximum grant of $3,000 for repairs such as roofing, plumbing and heating, is available to seniors with a maximum income of $20,000 per year through the Senior Citizens Assistance Program. This grant is provincially funded and administered.

A Small Loans Assistance Program is accessible for low to moderate income households who are in need of repairs or alterations to their single family homes. The maximum loan available through this program is $20,000. Standard lending practices apply.

Additions

The Parent Apartment Program is targeted toward creating an apartment in the home for senior family members. A maximum loan of $25,000 with 6% interest per year is available through this program, subject to standard lending practices.

Public Housing

Nova Scotia offers two Rental Non-Profit Housing Programs. One program is for low income families and the other for seniors. Both programs are cost-shared, 75% federal and 25% provincial, and administered by the province. The provincial share of the senior's program is cost-shared with the municipality. Of the 12,500 units, 11,500 are cost shared with the municipality and 7,500 are occupied by either seniors and/or elderly singles. An additional rental option is the Rent Supplement Program that is similarly cost-shared and administered. This program is to assist low income people pay rent for a specific time and place.

A Rent Supplement Program for low income people is also be available. This program is similarly funded and administered.

The Rural and Native Housing Program assists people in a rural area to obtain adequate, affordable housing, depending on the individual situation, to rent, own or lease. A small percentage of applicants are off-reserve First Nation people. Funding for new housing units officially ended in 1993. The ongoing portfolio is administered by off-reserve Native Council while the non-Native component is administered by the province.

Other

A Land Servicing / Lot Sales Program provides serviced lots and block lands to the public, builders, and commercial and institutional developers. Lots are sold by the province.

New Brunswick

Home Ownership

The New Brunswick Home Ownership Assistance Program offers down payment assistance to first time home buyers. This program guarantees 10% - 15% of the price of a home to applicants who have an income of $35,000 or less. Up to 85% is mortgaged by the bank and the balance is paid by the applicant.

A Home Completion Loan for a maximum of $30,000 is available to first time home buyers who have a low to moderate household income. The contribution under this program can not exceed 50% of the total house cost. Depending on the income and the need, the loan is repayable at a minimum pay back rate. This is targeted towards the home builder that requires extra funds to complete the home. This loan can also be used for access-related adaptations for the home builder.

Renovations

The Homeowner Residential Rehabilitation Assistance Program (RRAP) and the Home Improvement Loan (HIL) is a joint loan is program which is cost-shared, 75% federal and 25% provincial, and provincially administered. This program is available to families who have incomes below the "income ceilings". The ceiling varies throughout the province.

The program is for major repairs to bring units up to minimum health and safety standards and could include access related changes. The maximum amount of forgivable loan available is $5,000 for home owners. The HIL program is the repayable portion. The maximum amount of forgivable loan for the landlord is $5,000. The landlord is only eligible for the amount under the forgivable category. The forgivable amount is earned, in both cases, by retaining ownership of the property for 5 years.

RRAP for the Disabled provides for modifications to the home of a disabled person. The grants are available for either the actual homeowner or a landlord who requires access renovations for disabled people. Depending on the income and need of the homeowner, a portion of the grant could be forgiven and a portion could be repayable. The RRAP/HIL standards apply in this program. The landlord is only eligible for the grant available under the forgiveness category.

New Brunswick has three emergency repair programs, each targeted to low income people in an emergency situation. One ERP is available through HRDC, funded and administered specifically for unemployment insurance recipients when the crises arises. A second ERP is provincially funded and administered, and can only be used once per year. A maximum grant per fiscal year of $1,500 and a maximum loan of $1,500 are also available. The loan is repayable at an interest free rate. A third ERP program is cost-shared, 75% federal and 25% provincial, and administered by the province, and is a once-only application. The maximum non-repayable contribution per household under this program is $4,635. The criteria for this program is that it is a crisis situation (electrical, heating or structural) and the applicant is a rural resident.

Home Adaptation for Senior Independence (HASI) is a forgivable loan available to seniors (65 yrs or older) in either rental accommodations or who own their own home. HASI is targeted to minor alterations or repairs that will provide the senior with the option to remain in their own home longer and or contribute to their level of independence. A maximum forgivable loan up to $2,500 is available. The loan is forgivable after project inspection.

Public Housing

New Brunswick offers two Public Housing Programs. One program is cost-shared cost-shared, 50% federal and 50% provincial, and is administered by the province. The other is classified as Non-Profit, is cost-shared, 75% federal and 25% provincial, and is administered by a community-based group. These programs are available to low income persons, including seniors and disabled. There are approximately 4,600 units in total currently being managed. It is estimated that 2,100 units are occupied with seniors and of the total occupants, 1 in 10 are disabled people.

Two Rent Supplement Programs are also available. Both programs supplement rent cost for low income people, including seniors and disabled. The first program is cost-shared, 75%

federal and 25% provincial, and is administered by the province. The second is 100% funded and administered by the province.

Rural and Native Housing Program is to assist people in a rural area to obtain adequate, affordable housing, depending on the individual situation, to rent, own or lease. Of the 3,000 units currently being managed in New Brunswick, 250 are occupied by a First Nation person. Funding for new housing units through this program officially ended in 1993. The ongoing Native portfolio is administered by off-reserve Native Council while the non-Native component is administered by the province.

Prince Edward Island

Home Ownership

The Rural Mortgage Lending Support Program is an initiative between the province and the Prince Edward Island Credit Union League to improve accessibility to fair market mortgage financing. This program is for people who wish to purchase a home in the rural area. Mortgages up to a maximum of $86,000 are available. There is no defined income level for this program. Mortgages are financed through Credit Unions and standard lending practices apply.

A Second Mortgage Loan Program of up to $15,000 is also available to people who require additional funds to purchase or complete construction on their home. The funds within this program can also be accessed for down payment assistance. The maximum home purchase price is $86,000 and as in the rural Mortgage Lending Support Program, is subject to standard lending practices.

Renovations

Residential Rehabilitation Assistance Program is available for major repairs and or those repairs required to bring the unit up to the minimum health and safety standards. These repairs could include access related modification. This program is cost-shared, 75% federal and 25% provincial, and is administered by CMHC. The maximum loan available is $18,000 for home owners. Depending on income, up to $12,000 may be forgiven.

The Disabled RRAP program provides funding for a disabled person to modify their homes by making access related changes. The Disabled RRAP program is a component of RRAP, similar policies and procedures apply. The maximum loan and amount forgiven is the same as Homeowner RRAP.

Prince Edward Island has two Emergency Repair Programs (ERP) which are available in an emergency situation. One ERP is a component of RRAP. This program is cost-shared, 75% federal and 25% provincial, and is administered by CMHC. The second ERP is available through Social Assistance and is 100% funded and administered by the province. This

program is specifically for social assistance recipients, disabled people and people over 60 who are faced with a housing crises.

Public Housing

Prince Edward Island's Social Housing Program provides low to moderate income families rental or lease-purchase housing units. Currently, there are 30 units administered by Prince Edward Island Housing Corporation.

Complimentary to the Family Housing Programs, Rent Supplement Programs are available to low income households. This program subsidizes the cost of rent in private rental units. Rent Supplement Programs are funded and administered by the province.

The Senior Citizens Housing Program offers self-contained apartment units for seniors in Prince Edward Island. Applicants are selected based on need. Rent is set at 30% of the tenants income.

Family Housing Programs are geared towards families who, due to their income level, cannot afford adequate housing. The rent is individually set at 25% of the tenants income.

Special Purpose Housing is designed to meet the housing needs of elderly and special needs clients in a long term care facility. The Prince Edward Island Housing Corporation coordinates projects and arranges funding to meet a variety of special housing needs. Manors and group homes are funded through this program.

The Rural Community Housing Program funds and administers 13 units in small communities in Prince Edward Island. These units are designed to provide access to affordable rental housing in small communities. No new units are being added to this portfolio and all attempts are being made to sell off existing units (to tenants where possible).

The Rural and Native Housing Program is intended to assist people in a rural areas to obtain adequate, affordable housing, Depending on the individual situation, to rent or own. Rent in based on 25% of the tenants income. Prince Edward Island currently funds and administers 36 units. Of these, 17 are rental and 19 are being purchased through a mortgage agreement. No new units are available through this program.

Newfoundland

Home Ownership

Newfoundland's Home Ownership Assistance Program offers down payment assistance to first time home buyers. This program guarantees 10% - 15% of the price; a small percentage is paid by the applicant and the remainder is mortgaged by the bank.

Renovations

The Residential Rehabilitation Assistance Program is available to low income home owners and landlords for major and or other repairs that will bring the unit up to minimum health and safety standards. This program is cost-shared 75% federal, 25% provincial, and administered by the province. The maximum grant available is $18,000 and $27,000 in Labrador. The maximum income levels of applicants are determined annually by the core need income threshold.

Through the RRAP program, a Disabled RRAP is also available for interior/exterior access related changes (e.g. wheelchair accessibility, ramps, etc.). Where this is under the RRAP umbrella, standard policies and procedures apply.

Emergency Repair Programs

Newfoundland has two Emergency Repair Programs (ERP) and one Urgent Repair Program (URP). The maximum grant for ERP is approximately $4,635. This figure is seasonally adjusted. The maximum grant for URP is $10,000. The income level required for the emergency programs are individually calculate according to the core need income threshold.

Special Home Assistance Programs

Home Adaptation for Senior Independence (HASI) is a program is targeted to minor repairs or renovations and provides the senior with a forgivable loan. HASI gives the option for a senior to remain in their own home or contribute to their level of independence. The maximum forgivable loan is $2,500. The loan is forgivable after project inspection.

The Rural and Native Basic Shelter Program

This program is to assist people in a rural area to obtain adequate, affordable housing, depending on the individual situation, to rent, own or lease. Although this program formally ended at the National level in 1993, remote areas of Newfoundland and Labrador have received funding for new units this year. This portfolio is administered by an off-reserve Native Council while the non-Native component is administered by the province.

Appendix B:

Telephone and On-Site Interview Instruments

Telephone Interview Instrument

1. What is the age level that your community classifies a person as a senior or an Elder?
2. How many Elders live in your community?
3. How many persons with disabilities live in your community?
4. How many houses are allocated to members?
5. Do persons with disabilities get any special housing allocation preference?
6. Do persons with disabilities get any special consideration for housing renovations?
7. Do Elders get any special housing allocation preference?
8. Do Elders get any special consideration for housing renovations?
9. In your best estimate, on an annual basis, what is expended on Elders for housing in your community?
10. In your best estimate, on an annual basis, what is expended on persons with disabilities for housing in your community?
11. If renovations or modifications are required to a unit for an Elder or disabled person do the resources come directly out of the capital budget or is there a cost share with social assistance, health, or other areas?
12. In your opinion are the housing needs of Elders and persons with disabilities being met in your community?
13. Are you aware of any innovative ideas/solutions that are being used to house Elders and those with disabilities on-reserve?

On-Site Interview Instrument - Disabled or Elderly Person

1. What type of house do you live in?
2. How long have you been in your present home?
3. How was (is) your home paid for?
4. Do you have special housing needs?
5. What special adaptations to your home have been made to address these needs?
6. Who provided the (ADAPTATIONS) for your home?
7. Do you know how much the (ADAPTATION) cost?
8. Are there other special adaptations to your home that you would like to have to increase your physical independence?
9. What are they?
10. What do you feel is the most important time on your list? Second most important?
11. What services/support programs that help you maintain independence in the home do you receive?
12. What additional services/support programs that help you maintain independence in the home do you require?
13. Do you have access to all the services/support programs noted above?
14. Who provides the services/support programs listed above?
15. Are you aware of other services/support programs that you would like to receive?

16. What do you feel is the most important item on your list? Second most important?
17. Are you aware of others in your community that have special housing needs or require services/support programs to enhance their physical independence? How many?
18. Are you aware of innovative ways that special housing needs have been met in other communities?
19. In general, have you encountered difficulty identifying and accessing services and programs for the disabled (regardless of age)?
20. What do you think could be done to make information and programs for persons with disabilities (regardless of age) more accessible and more easily understood?
21. Without new/additional renovations or support services, how long will you be able to stay in your present home?
22. What is your age?
23. What is your current marital status?
24. How many people, including yourself, currently live in your household?
25. What is the highest level of education that you have completed?
26. What is the language that you first learned at home in childhood and can still understand?
27. Are you a registered Indian?
28. In at least two words, please describe your current occupation?
29. Gender of respondent.
30. Which of the following categories best describes your family income - that is the total income of all persons in your household combined?

On-Site Interview Instrument - Housing Managers

1. How many persons with disabilities (all persons with disabilities, regardless of age) live in the community?
2. How are houses allocated to members?
3. Do persons with disabilities (regardless of age) get any special housing allocation preference? Explain.
4. Do persons with disabilities (regardless of age) get any special consideration for housing renovations?
5. In your best estimate, on an annual basis, what is expended on persons with disabilities (regardless of age) for housing in your community?
6. If renovations or modifications are required to a unit for a disabled person (regardless of age), do resources come directly out of the capital budget or is there a cost share with social assistance, health, or other areas?
7. In your opinion are housing needs of persons with disabilities (regardless of age) being met in your community? Explain.
8. What knowledge do you have regarding innovative ideas/solutions that are being used to house persons with disabilities (regardless of age) on reserve?

On-Site Interview Instrument - Service Professional

1. How many persons with disabilities (all persons with disabilities, regardless of age) live in the community?
2. What percentage (or number) of physically challenged people (regardless of age) are living houses adequately designed or renovated to meet the needs of their disability?
3. What services/support programs that help people with disabilities (regardless of age) maintain independence in the home are offered in the community?
4. What percentage (or number) of those persons with disabilities (regardless of age) receiving services/support programs in the community are elderly?
5. What additional services/support programs that help persons with disabilities maintain independence in the home are required in the community?
6. Do persons with disabilities (regardless of age) get any special consideration for services/support program allocation?
7. In your best estimate, on an annual basis, what is expended on persons with disabilities (regardless of age) for service/support programs in the community?
8. Are you aware of other persons with disabilities (regardless of age) in the community that have special needs or require services/support programs to enhance their physical independence that do not currently receive services/support programs? How many?
9. In general, have you encountered difficulty identifying and accessing services and programs for persons with disabilities (regardless of age)? Describe?
10. Are you aware of innovative ways that services/support program needs have been met in other communities?
11. In your opinion what percentage of the special service/support program needs of persons with disabilities (regardless of age) are being met in the community?
12. What do you think could be done to make information and services/support programs for persons with disabilities (regardless of age) more accessible, understood, and more easily delivered in your community?
13. Are you aware of off-reserve service/support programs that are available and can be accessed for on-reserve clients? Describe.
14. What types of services are available to off-reserve disabled persons that are not available to on-reserve disabled persons (regardless of age)?

Appendix C

Focus Group Notes

Addressing Special Housing Needs in First Nation Communities
Focus Group Participants' List

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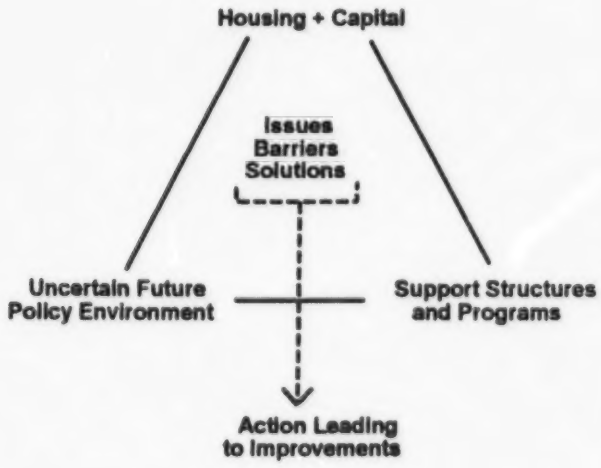
Working Groups Tasks

David Bruce summarized the tasks of the two working groups as being a four step process. Each group would first brainstorm on issues and barriers associated with meeting the housing needs of disabled people on-reserve. As step two the notes would be compared and summarized by the facilitators and presented in plenary. In the third step the working groups would develop solutions to those issues and barriers in a way that might lead to action in the three main categories (housing and capital, support structures and programs, and policy environment). The final step would be another summary and plenary. The process was summarized in the following graphic:



Note: The material inside the square brackets on the following pages was added to the original flip chart material by the facilitators for clarification.

Working Groups Session I

Group 1
Issues and Barriers

- need clear definition [of disability]
- must identify exact needs [of individuals]
- want to achieve independence [of individuals]
- numbers [of disabled on-reserve] comparable with general population
- [want to achieve] dignity of people
- [disability is] not always a housing problem, [also a quality of life issue]
- lack of effective housing management practices on-reserve
  - leads to gaps in meeting disabled['s housing needs]
  - need consistent logical decision-making
- need a standard assessment process [of clients and] delegation of funds [to meet disabled's needs]
  - can we borrow from general tools out there [tools used in the general population]?
- 2 [federal] government departments providing services [DIAND and CMHC] (plus others)
  - [leads to] overlap/duplication/gaps
  - [in present system there is a] lack of knowledge [of the total process by those involved in the process]/coordination [is difficult]
  - it's ad hoc
  - need single clearing house [N.B. single entry model]
  - streamlining
- accountability—phasing out [of various programs and services]
- lack of $ earmarked for disabled
- problems with [funders and] providers not understanding why [or type of] barrier-free [shelter] needed on-reserve
- should DIAND allocate disabled dollars?
- need more complete information about the clients—need to share that [among appropriate departments or agencies]
- not involving the "consumer" [in decision making or planning process]
- community volunteer groups not always able or willing to help [or asked for help]
- perception in general society that feds are meeting [or able to meet needs] on-reserve—why [are they] going to general population for help?
- can we build on success of already meeting needs of 1425-1500 people
- must look at First Nations in partnership with feds—First Nations have solutions
- don't need to "isolate" or make "special" the issue—it's a need like all other needs →ATTITUDE

Group 2
What are the implications? Issues?

- inequality of programs [between on- and off-reserve]
  - tap in on programs off-reserve
- perception [that it's a federal responsibility]
  - meaning—an operational issue [lack of communication between programs and services]
- jurisdictional issues

- [many off-reserve services are] not sought
- [many providers feel they are] not responsible [for Native people]
- DIAND/CMHC/many actors

- [many] resources [are] there [but there is] no network of information [or] advocate
- who is paying now? [priority needs for disabled are being met]
  - specific funding for disabled needs [should be allocated]
- maybe those who need [help] now [should be highest priority]!
- how do you plan to meet future needs? (15% ball park)
- resourcing:
  - limited capital budget
  - should other sources be available for disabled only?

Summary of Working Groups Session I

Housing and Capital Issues

- [what are the] decision structures on-reserve?
- lack of knowledge of exact needs
- limited capital budget

Support Structures and Programs

- needs assessment/clearing house
- inequality of programs [compared with off-reserve programs]
- overlap/duplication/gaps
- off-reserve volunteers (attitude/perception) [needs should be met on-reserve]

Policy Environment

- [on-reserve] disabled advocate [needed]?
- definition [of disabled needed]
- integration with other [non-housing] solutions
- build on existing successes
- precedence for funding disabled access? [education capital]

Working Groups Session II

Group 1

Solutions

- change decision-making process on-reserve through housing authorities
- need a "best practices" for disabled and other areas [to provide examples]
- $ - cost recovery from a reserve when renovations made
  - model after CMHC replacement reserve fund
- address overlap/gap issue by bringing together reps from departments and tiers to resolve, network - also [include] service providers/clients [in the discussions]
- community level "case conferences" among service providers/clients
- one point of entry for services modelled after that of general population
- allocation of RRAP $ should be based on need
- change criteria for $ transfer to disabled - don't cut other $ when on disability pension
- support from off-reserve for on-reserve ideas for reform

- make provincial programs available on-reserve
- "listening" needs to be better, [providers and policy-makers need to hear the whole message from First Nations people]
- government should be more explicit about their intentions—are they in or out?
- opportunities for private sector?
  - Assisted Care Living Unit program?
  - "corporate citizen" ideas
- social gatherings for disabled
  - interaction, support, affirmation
- access emergency funding programs [from departments] through advocacy groups
- workshop linking support/advocacy groups with on-reserve folks
- reallocation of $ must come from a national level—how to position it among other priorities—lobby with support from non-Natives

Group 2
Solutions

- what's working now?
- what solutions need to be pursued? [provincial models may be feasible]
- discretionary funds [are slowly disappearing—planning and accountability are keys to success]
- this year - 63 units [were] planned
  90 units actually being built due to fluctuations in interest and other building factors]
- wait until funds become available
- community meets needs through planning
- need timely allocation
- planning for support services [by questioning those in need of assistance and involving them in process]
- surcharge of 5% for motor vehicle offenses goes towards disabled?

Summary of Working Groups Session II

Solutions

- tap into existing resources, i.e., bingo revenue [to provide extra $ for disabled]
- story [where] tapping into gaming revenue [proved effective]
  (use paid for services)
- raise awareness
  - priority raises funding need and allocation
- people with disabilities need a political voice
- $ need to be allocated for those needs—accountable for total needs
- the person in need is in the best position to identify the need [and to provide the solution]
- key resource people in community [should] meet
  - begin process
- to get the need met:
  - identify the need [more information needed]—information must get to the resource people.
- process [must be developed]
  - increased awareness
  - pilot project?
    (demonstration project?)
    funding possible demonstration project
    CMHC, DIAND, Health, First Nations, etc.